

**MAIL TO: MAXWELTON GOLF CLUB  
P.O. Box 306  
SYRACUSE, IN 46567**

NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_

CHILDREN'S NAME(S) & AGES(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-mail address \_\_\_\_\_

**THE EARLY BIRD MEMBERSHIP MUST BE PAID IN FULL BY APRIL 1, 2017 MEMBERSHIP**  
**(CHECK Your Choices)**

<u>Early Bird</u>	or	<u>Regular</u>	or	<u>5 Monthly Payments</u>
Regular Membership	_____ \$695.00	or	_____ \$745.00	_____ \$155.00
Family Membership	_____ \$820.00	or	_____ \$870.00	_____ \$180.00

**The Monthly Payment Plan Must be Paid in Full by August 1, 2017.**  
**(A \$40.00 Late Fee will be charged after Aug. 1, 2017 unless arrangements made.)**

**SEASONAL CARTS**

\_\_\_\_\_ \$740.00 single \_\_\_\_\_ \$995.00 couple

**CLUB STORAGE** \_\_\_\_\_ \$60.00 **HANDICAP FEE ONLY** \_\_\_\_\_ \$30.00

**MEN'S GOLF ASSOCIATION & HANDICAP FEE (Is Separate of Membership)** \_\_\_\_\_ \$45.00

Total \$ \_\_\_\_\_ Cash Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ \$ \_\_\_\_\_ Amount paid

\$ \_\_\_\_\_ **Balance Due**

(Check Credit Card) \_\_\_\_\_ Master Card \_\_\_\_\_ VISA \_\_\_\_\_ American Express \_\_\_\_\_ Discover

Card number # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ CVV# (3 Digits on back) \_\_\_\_\_

\_\_\_\_\_  
**(Signature of Individual Responsible for Payment)**

***There are no refunds made on membership fees. This individual is responsible for paying the full membership agreement.***